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Title Page

PROJECT TITLE: INSTITUTIONALISATION AS THE EXACERBATOR OF PERVERSIVE DEVELOPMENTAL DISORDERS FOR SEXUALLY ABUSED CHILDREN. THE CASE OF VANA CHILDCARE CHILDREN’S HOME, IN CHIVHU (CHIKOMBA DISTRICT, MASHONALAND EAST PROVINCE, ZIMBABWE).

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A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

DATE SUBMITTED: ...........................................2017
Approval Form

Supervisor

I certify that I have supervised MAPIYE MOILLER for this research titled: “INSTITUTIONALISATION AS THE EXACERBATOR OF PERVERSIVE DEVELOPMENTAL DISORDERS FOR SEXUALLY ABUSED CHILDREN: THE CASE OF VANA CHILDCARE CHILDREN’S HOME, IN CHIVHU,” in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree and recommend that it proceeds for examination.

Supervisor

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Chairperson of the Department Board of Examiners

The Departmental Board of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend Bindura University to accept a research project by MAPIYE MOILLER titled: “INSTITUTIONALISATION AS THE EXACERBATOR OF PERVERSIVE DEVELOPMENTAL DISORDERS FOR SEXUALLY ABUSED CHILDREN: THE CASE OF VANA CHILDCARE CHILDREN’S HOME, IN CHIVHU,” in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree.

Chairperson

Name .................................................. Signature ................................. Date .................................
Declaration and Release Form

I, MOILLER MAPIYE, studying for the Bachelor of Social Work Honours Degree truthfully declare that:

1. The dissertation report titled: “INSTITUTIONALISATION AS THE EXACERBATOR OF PERVERSIVE DEVELOPMENTAL DISORDERS FOR SEXUALLY ABUSED CHILDREN. THE CASE OF VANA CHILDCARE CHILDREN’S HOME, IN CHIVHU,” is a result of my own work and has not been presented for a degree in any other University. All the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

2. I have followed research ethics required in pursuit of Social Work research.

3. I grant permission to the University to use this report for educational purposes.

Student Name......................................................................Signature..........................Date.........................

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DEDICATION

I dedicate this dissertation to my family (my father, my mother, my 3 younger sisters and my younger brother), friends and relatives who supported and encouraged me throughout this journey. Your hopeful encouragement, all abiding love and good humoured advice is greatly appreciated, may the Lord continue to bless you all.
ACKNOWLEDGEMENTS

I thank the Lord Almighty for the opportunity he has given me to complete this work. I would also like to extend my heartfelt gratitude to my family, friends and relatives for their love, invaluable support and encouragement (moral and otherwise) during my studies. My gratitude also extended to everybody who offered assistance and encouragement during this research project. I would also like to extend my deep gratitude to my Supervisor Mr. Maushe for his invaluable support and guidance that he consistently gave me. I express my deep gratitude to my supervisor, who despite his many duties has led me in completing this dissertation. I would also want to thank Bindura University for giving me a chance as a student to do this research project. Many thanks also to the academic staff that have imparted their vast knowledge and skills on me as this has enabled me to successfully complete this research project. It is through these people’s invaluable support and encouragements that I am able to complete this dissertation and be able to academically reach this far.
LIST OF ACRONYMS

AIDS : Acquired Immune Deficiency Syndrome
CRC : Convention on the Rights of the Child
DSS : Department of Social Services
HIV : Human Immunodeficiency Virus
MDG : Millennium Development Goals
NGO : Non Governmental Organisations
OVC : Orphans and Vulnerable Children
PDD : Pervasive Developmental Disorders
SDG : Sustainable Development Goals
UNAIDS : United Nations Global Program on HIV and AIDS
UNICEF : United Nations International Children’s Fund
WHO : World Health Organisation
ABSTRACT

This study sought to achieve the following objectives; to examine how institutional experience negatively impacts children’s developmental progress and worsen pervasive developmental disorders, to explore situations in institutional care centres that worsens pervasive developmental disorders for sexually abused children under residential care, to analyse information that can be used by the government’s child welfare policy makers in protecting and rehabilitating orphans and vulnerable children with pervasive developmental disorders, to explore and ascertain challenges institutions are facing in trying to promote positive development for orphans and vulnerable children with pervasive developmental disorders, in an attempt to assess institutional care and how it is linked to pervasive developmental disorders.

The researcher employed a qualitative research methodology. The sampling methods that were used by the researcher are purposive sampling and stratified random sampling with the targeted population including executive staff officials from the institution, caregivers from the institution, orphans and vulnerable children from the institutions and District Child Welfare Officers. Questionnaires, interviews and a focus group discussion were used to collect data. Tables and charts were used to present the collected data. The research from which this report emerged established that there is a gap in terms of training of caregivers on issues relating to the care of children with pervasive developmental disorders for them to effectively discharge their duties when dealing with these children with pervasive developmental disorders. Because caregivers lack the appropriate skills to deal with children with pervasive developmental disorders this tend to worsen pervasive developmental disorders. The researcher then recommends that there should be in-service training for caregivers so that they can acquire the skills and knowledge on how to deal with children with pervasive developmental disorders. Also there is need to ensure that those special services that institutionalised children with pervasive developmental disorders require are made easily accessible.
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CHAPTER ONE

RESEARCH PROBLEM AND ITS SETTING

1.1 INTRODUCTION

Institutional care centres play a significant role in guaranteeing survival for orphans and vulnerable children. The strategy in Zimbabwe is supported by the National Orphan Care Policy as the sixth and last alternative to respond to the needs of Orphans and Vulnerable Children. However, several researchers have regarded institutionalisation as negatively affecting children’s development in most countries. The researcher in this study thus used Vana Childcare Children’s Home in Chivhu as an area of study in an attempt to probe institutional care to identify and assess its impact on children’s social development and its relation to pervasive developmental disorders. This first chapter presents the background to the study, unanswered questions that had pushed the researcher to come up with the research topic. The chapter also consists of the statement of the problem, aim and objectives of the study, significance of the study to various parties, delimitations and limitations to the study.

1.2 BACKGROUND TO THE STUDY

There are different definitions for orphans and vulnerable children. The World Bank (2005) defined an orphan as a person under the age of 18 whose mother or father or both parents are dead and vulnerable children as a group of persons under the age of 18 who experience negative outcomes such as loss of their educational opportunities, sexual abuse, morbidity and malnutrition. There has been an increase in the number of orphans and vulnerable children worldwide. An increase in the number of orphans and vulnerable children is as a result of HIV and AIDS, other numerous ailments and accidents. The government of Zimbabwe has faced various tribulations because of the increase in the number of orphans and other vulnerable children (OVCs) for example an increase in cases of sexual abuses, increased malnutrition rate in the country, decrease in school enrolment rate for young children and school drop outs and this pushed the government to take measures to respond to these increasing problems. Child welfare then became a major concern for decision makers (Mupedziswa 2006; Mushunje 2006). This
then pushed for the formulation of the National Orphan Care Policy in 1999 as the government was trying to solve the problems related to an increase in the number of orphans and also to solve the predicaments of OVCs and promote the welfare of these children (Masuka, Banda, Mabvurira and Frank 2012).

Also complying with the United Nations Convention on the Rights of the Child (CRC) of 1989 and upholding targets 1C and 2A of the Millennium Development Goals (MDGs) which intended to “Halve, between 1990 and 2015, the proportion of people suffering from hunger and to reduce by two-thirds, between 2002 and 2015, the proportion of malnourished children under five”. And also to “Ensure that by 2015 all Zimbabwean children, boys and girls alike, will be able to complete a full programme of primary education” respectively the Zimbabwean government had to prioritise OVCs. It was OVCs that mostly suffer from human right violations and hunger, malnutrition, and fail to complete their education. The government had to propose a six tier system through the orphan care policy for the care of these children so that they will not suffer from hunger, malnutrition and fail to complete their education. With the six tier system institutionalisation of children was considered as the last option after all the first five options have failed.

Institutionalisation was considered as an alternative because traditional family structures that could cater for the needs of OVCs were being wiped away by modernity and HIV and AIDS. Though institutionalisation was considered as an alternative researches like (Kang’ethe and Makuyana, 2014) among others views institutional care as presenting challenges that negatively affects children’s development and behaviour and promotes developmental disorders. Institutionalized orphans and vulnerable children thus become prone to developmental disorders, delinquency and other socially ill behaviours. According to (UNICEF, 2008) institutions have a negative impact on children and it supported the de-institutionalisation of orphans confirming the fact that institutions are not a good place for orphans and vulnerable children. It is against this background that the researcher intends to identify and assess the challenges in institutional care centres that affect children’s development and influence or worsen developmental disorders and find possible solutions to strengthen institutionalisation as an alternative of guaranteeing survival.
and protection of orphans and vulnerable children and achieving the recently adopted Sustainable Development Goals (SDGs) that relates to children.

1.3 STATEMENT OF THE PROBLEM

Sexually abused children exhibit some behaviour characteristics of pervasive developmental disorders. The children have problems with social interaction, have temper tantrums, display aggressive behaviour and are usually withdrawn. Therefore this study sought to explore the extent to which institutionalisation can exacerbate Pervasive Developmental Disorders (PDD) for sexually abused children under institutional residential care.

1.4 PURPOSE OR AIM OF THE STUDY

The main aim of this research study was to explore and ascertain whether institutionalisation as a means of guaranteeing child survival and protection for orphans and vulnerable children is being threatened to the extent that it exacerbates Pervasive Developmental Disorders for sexually abused children.

1.5 OBJECTIVES OF THE STUDY

- To examine how institutional experience negatively impacts children’s developmental progress and worsen pervasive developmental disorders.
- To explore situations in institutional care centres that worsens pervasive developmental disorders for sexually abused children whilst they are in residential care
- To analyse information that can be used by the government’s child welfare policy makers in protecting and rehabilitating all orphans and vulnerable children (OVCs) including those children with pervasive developmental disorders.
- To explore and ascertain challenges institutions are facing in trying to promote positive development for orphans and vulnerable children and suggest possible solutions to solve these challenges.
1.6 RESEARCH QUESTIONS

- Can institutional experience negatively impact children’s development to the extent that it worsens pervasive developmental disorders?
- What is in residential care institutions that worsen pervasive developmental disorders for sexually abused children?
- How can institutionalisation be improved as a means of guaranteeing child protection and survival?
- What are the challenges being faced by institutions in trying to promote positive social and personality development for sexually abused children?

1.7 SIGNIFICANCE OF THE STUDY

1.7.1 To the researcher/ the student

This research helped the researcher to distinguish herself in academia and attaining the Bachelor of Science Honours Degree in Social Work as the study was done in partial fulfilment of the degree programme. The research was of great significance to the researcher, as it supplied her with the research skills as part of accomplishing the Bachelor of Science Honours Degree in Social Work at Bindura University of Science Education.

1.7.2 To Orphans and Vulnerable Children’s Homes

The study results are expected to assist orphans and vulnerable children’s homes in putting strategies in place that will ensure positive social development for OVCs. Further the study results are expected to be helpful in informing children’s homes whether the support they are proving is in the best interest of Orphans and Vulnerable Children with pervasive developmental disorders and also identifying the type of additional support required. It is also hoped by the researcher that this study will help in improving the living conditions of children with pervasive developmental disorders in institutional care centres so that these children can increase their chances of achieving successful lives when they are integrated back into mainstream society.
1.7.3 To the University

University students from different Faculties especially social sciences are going to make use of this research as literature to balance their skills in their respective field of study. The research will help the department of Social Work at Bindura University of Science Education in modifying the programme and developing modules to embrace current information for being relevant to the existing Social Work market.

1.7.4 To the National Government and Non-Governmental Organisations

Through its various ministries and departments related that supports Child Welfare the national government will benefit as this research will expose concealed factors that militates the aim of protecting children with pervasive developmental disorders and make use of possible solutions that will be provided in this study. This research will also help NGOs to find other means to deliver their services effectively and efficiently to children with pervasive developmental disorders under institutional care. This will allow donor agencies in NGOs to direct funding directly and indirectly to promote positive development of these children with pervasive developmental disorders. A further contribution is that the study will bring out the views and opinions of others on how best the alternative of institutionalisation can be enhanced and supported. The ending results of the study will stress key areas were institutional care homes require reforms in their operation. Thus the study will therefore shed light on the challenges in institutional care centres. Therefore the research findings obtained in this study are of major significance to a number of parties involved in child welfare.

1.8 ASSUMPTIONS

The researcher believed that with the ever increasing effects of HIV and AIDS and modernity which continue to wipe away the traditional family and community structures that can safeguard the welfare of orphans and other vulnerable children there is no country that can do without institutional care centres. The researcher assumes that institutionalisation however is linked to developmental disorders in children. Hence the need to address the challenges faced by
institutional care centres in protecting children so that they don’t promote or worsen developmental disorders in children.

1.9 DELIMITATIONS OF THE STUDY

The study was conducted at Vana Childcare Children’s Home in Chivhu, Zimbabwe. The children’s home is located in Chivhu, a town that is 140km south of Harare (in Chikomba district, Mashonaland East province).

Following is a map of Mashonaland East province, Zimbabwe.

1.9.1 Figure 1: Mashonaland East Province Map (Zimbabwe)
1.10 LIMITATIONS OF THE STUDY

The fundamental limitation to this study was that the scope of the study was confined to Vana Childcare children’s home only rather than the broader field of OVCs institutional care centres which might be facing similar challenges due to limited resources. Also this was an academic research project that was limited by time and as such, to address time limitation the researcher tried to do what was practically possible during the allocated time frame.

1.11 DEFINITION OF KEY TERMS

- **Children** – children with reference to the United Nations Convention on the Rights of the Child and the Zimbabwean Children’s Act (chapter 5; 06) are those persons under the age of eighteen years.
- **Orphan** – an orphan is a person under the age of eighteen years who has lost a parent or both parents.
- **Vulnerable** – vulnerable children are defined by (World Bank, 2005) as persons below the age of eighteen living in situations that exposes them to significant physical, emotional or mental harm.
- **Exacerbate** – exacerbate is to make worse.
- **Institutionalisation** – institutionalisation is the process of confining people in an organisation or institution within which they live together sharing the same values and beliefs.
- **Pervasive Developmental Disorders (PDD)** – pervasive developmental disorders represents a diagnostic category of severe psychopathology according to (Schreibman, Stahmer and Akshoomoff, 2006) with people having delays, difficulties or impairments in basic concepts and functions such as communication and social skills.
- **Temper tantrums** – a disposition to exhibit uncontrolled anger.
- **Anxiety** – feelings of unease, worry and fear.
- **Aggressiveness** – a goal-directed motor behaviour that has a deliberate intend to harm or injure another person (Bettencourt, Talley, Benjamin and Valentine, 2006).
1.12 ORGANISATION OF THE THESIS

The dissertation has 5 chapter namely chapter 1, 2, 3, 4 and 5. Chapter 1 has given a background to the problem. Chapter 2 outlines relevant literature on institutional care for children and its relation to developmental disorders. Methodology used by the researcher in this study was explained in chapter 3. This chapter also covered the research design, population sample, sampling procedure and techniques, data collection techniques and data analysis procedure used by the researcher. Data presentation and analysis was done in chapter 4 whilst chapter 5 covered summary, conclusions and recommendations.

1.13 CHAPTER SUMMARY

This chapter covered the introduction, background to the study and the statement of the problem. Objectives that acted as guidelines of the study were outlined in this chapter. Research questions that this study sought to answer were also outlined. What the researcher assumes has been plainly laid out in this chapter, the probable constraints to the study and solutions were explicitly articulated in this chapter and also the delimitations to the study. Significance of the study and definition of major key terms was outlined to ensure a clear understanding of the study. The following chapter focuses on the literature review and the theoretical framework of the study.
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The fundamental aim of this chapter is to review critically, the existing literature on the impacts of orphanage homes in the development of orphans and vulnerable children. The chapter covers conceptual frameworks to explain the impacts orphanage homes have in the development of OVCs and some theories that try to explain Pervasive Developmental Disorders.

2.2 SITUATION OF ORPHAN HOOD IN ZIMBABWE

Zimbabwe like other African countries has faced the devastating effects of HIV and AIDS pandemic (UNAIDS 2014). A tragic side effect of HIV and AIDS that Zimbabwe suffered among others has been an increase in the number of orphans in the country. Though there are other factors related to the increase of orphans like accidents and other numerous ailments, HIV and AIDS is considered to be the major contributor to the increase in the number of orphans (UNAIDS, 2014). Orphan hood results in many negative circumstances for these children from which extrication is very difficult.

2.3 PREDICAMENTS FOR ORPHANED CHILDREN

When a parent or both parents die children face various predicaments including being forced to take on the responsibilities of the heads of the family especially when both parents are dead and the extended family is unable or unwilling to help these children. Elder children have to overwork to support their siblings, and in most cases abandoning school will be the best option for them to better fend for themselves and their siblings. Also because of orphan hood children will fall in the hands of abusive relatives who tend to be willing to take care of the children whilst they abuse these children either sexually or physically. Some relatives take in orphans only to gain access to the assets of their deceased parents and they abuse the children. According
to (Human Right Watch, 2007), it was found out that some orphans in Kibera Slum in Kenya are suffering from beatings and other physical mistreatments by their guardians and caretakers. Children abused by relatives, step parents and guardians end up running away from home and opting for street life because of the abuse they face. Girls because of their circumstances as orphans tend to get married very young or be forced by relatives to get married. Some girls also engage into prostitution for survival because they are left without anyone to cater for their need or they are forced to engage in prostitution by their relatives. In severe circumstances there is child trafficking with an orphaned girl child being sold for prostitution and boys being used to smuggle drugs. Orphan hood is also associated with psychological distress and trauma after parental death. Uncertain future, denial, fear and stigma compound the stress of orphans but in most cases they are unable to express their feelings of grief, anger and fear which trigger developmental disorders and behavioural problems such as aggression. The distress even affects children’s performance in school. This is the situation that most orphans face in Kenya according to the (Human Rights Watch, 2007).

Though orphans are a group of people that face most of the above mentioned predicaments, there is also a group of vulnerable children that also face the same challenges even though their parents are alive. For instance children with parents living with disabilities and HIV and AIDS and also children who are living with disabilities and HIV and AIDS are a vulnerable group that face most of the challenges that that orphans face. For instance when parents are living with disability children have to take over the responsibilities of the heads of the family. These vulnerable children also experience sexual abuse because their parents are living with a life threatening condition. Thus orphans and vulnerable children face various predicaments.

2.4 SOURCES OF VULNERABILITY FOR CHILDREN

There are a lot of factors that can make children vulnerable. The factors can be social, economic and political factors.
2.4.1 HIV and AIDS

HIV and AIDS is one of the sources of vulnerability for children (UNAIDS, 2014). Both the children with one or both parents living with HIV and AIDS and those children who are living with HIV and AIDS are vulnerable. These children often face stress related to the stigma and discrimination they face simply because they or their parents are living with HIV and AIDS. Children with parents living with HIV and AIDS are also vulnerable as they are the ones to take care of ailing parents and this exposes them to the virus and other stress related with providing care for the sick. In some cases children, especially the girl child had to drop out of school to take care of ailing parents or because there will be no funding for school fees and other necessities. Thus HIV and AIDS is a major source of vulnerability for children.

2.4.2 Conflicts, wars and terrorism

Children infected and affected by HIV and AIDS are not the only ones at risk. In countries with civil or border conflicts like most African countries especially countries in central, east and west Africa people in these conflict prone regions are at risk and vulnerable to all forms of according to (Afolabi, 2009), and children are also vulnerable. Thus conflicts, war and terrorism is also a major source of vulnerability for children as they are displaced when their parents go to war or in some instances are killed. Some parents migrate to other countries, leaving their children behind. Parents can also be killed during the conflicts leaving children alone, thus exposing them to life threatening situations. Children in some poor, rural families are sometimes simply expelled early for safety reasons, thus exposing children to abuse as they are unaccompanied refugee children. These children are sent to fend for themselves in nearby urban towns or countries where they eventually end up as street children, being abused (either sexually or physically) and experiencing human trafficking. Conflicts, war and terrorism is thus a source of vulnerability for children.
2.4.3 Disabilities

Children with parents living with disability are a vulnerable group. Also those children living with disabilities are a vulnerable group. This is the case as people tend to take advantage of their conditions and the conditions of their parents and abuse these children either sexually or physically. Thus disability is another source of vulnerability for children.

2.5 RESPONDING TO THE PREDICAMENTS OF ORPHANS AND OTHER VULNERABLE CHILDREN

While community responses to the predicaments of OVCs has expanded rapidly, the cumulative burden of HIV and AIDS, coupled with poverty, food insecurity, economic hardships and modernity in most developing countries is reducing community and extended families capacities as never before. Local safety nets for OVCs are being weakened by HIV and AIDS, poverty, food insecurity, economic hardships and modernity. To respond to the predicaments of orphans and vulnerable children thus need combined efforts within communities. Combination of efforts within societies will contribute to making children what they become. Thus children will be mostly shaped by the proximate surroundings in which they grow. In other words, it is a societal responsibility to make the necessary provisions for the children to grow as productive members of the society. In reaction to the predicaments being faced by orphans and vulnerable children, basing on the notion that children lack the intellectual and emotional capacity to take care of themselves and that children’s welfare should be a major concern for the whole community the government of Zimbabwe implemented policies and legislations to protect these children.

2.6 LEGAL INSTRUMENTS AND POLICIES FOR PROTECTING ORPHANS AND VULNERABLE CHILDREN IN ZIMBABWE

Zimbabwe has a highly developed social welfare system backed by effective legislation and policies directed at the care of children including orphans and vulnerable children. The key legislation and policies for the protection of orphans is the Zimbabwe National Orphan Care Policy, the Children’s Act (Chapter 5:06) the implementation of which is the responsibility of the
Department of Social Services (DSS) in the Ministry of Public Service, Labour and Social Welfare in partnership with other stakeholders. The formulation of the policies and legal instruments for children means that for people who are taking care of the children abusing them is a serious crime that should be punished accordingly. The Zimbabwe National Orphan Care Policy adopted in (1999) had the objective of ensuring that orphans like other children in the country realise their rights advocated for by international and regional instruments like the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child to which Zimbabwe is a signatory. The Zimbabwe orphan care policy directs the focus of the courts and development agents to the specific needs of orphans and vulnerable children and promote the protection of these children from abuse, neglect and all forms of exploitation. The government’s strategies for achieving this was by supporting the six tier system for the care of children which by its order of priority included the nuclear family, the extended family, community care, formal foster care, adoption and lastly institutional care. Though they are a last option childcare institutions are important in the child protection system of Zimbabwe as they are supported by the National Orphan Care Policy with the Children’s Act (Chapter 5:06) as the existing legal framework for protecting children in institutional care centres in Zimbabwe.

Because institutionalisation was accepted as another option for the care of orphans and vulnerable children the initial reaction by many well-wishers from other developed countries to the orphan crisis in Africa and Zimbabwe in particular was focused on the construction of orphanage homes. However this option has proved to be posing a lot of negative effects on children. A lot of previous studies from different researchers had reported that institutionalisation cause psychological, emotional and social damage to children. Researchers have however argued that the intensity of the impacts depends on the model of residential care with dormitory style having a lot of impacts as compared to the family style (Puras, 2011).

2.7 EFFECTS OF INSTITUTIONALISATION ON CHILDREN

From the early studies by William Goldfarb, John Bowlby, Provence, Lipton and Spitz the adverse effects that institutional care has on children as outlined. Up to this date studies continue to strengthen the fact that institutional care is an unsatisfactory option for orphans and other
vulnerable children who cannot remain within their families. Previous researches report that individuals from institutions lack the practical knowledge and skills especially social skills and knowledge that enable them to integrate with confidence into the society. This is the case because the short-term and long-term wellbeing of a child depends a lot on where they live. Once in institutions children were observed to have become socially withdrawn. It is to this end that (UNICEF Innocent Research Centre, 2006) points out that harsh and rigid discipline and conditions that exist in institutions might be the cause. According to (Browne, 2009; Dziro and Rufurwokuda, 2013) institutional care environments negatively impact children. This is supported by works of child development practitioners such as John Bowlby in (McLeod, 2007) and Sigmund Freud in (Ahmed, 2012) who explains how child development can be seriously impaired by the environment in which they live (Zastrow and Kirst-Ashman, 2013; Ahmed, 2012; McLeod,2007). According to (Kang’ethe and Nyamutinga, 2013) institutional care is sometimes perfidious than it is a panacea. (Zastrow and Kirst-Ashman, 2013) also view institutional care as significantly contributing to moral degeneration and identity crisis among children. Because of these anti-social behaviours displayed by institutionalised children, (UNICEF, 2004) report note that the government of Ethiopia and Uganda were forced to adopt policies of de-institutionalisation and support Community Home Based Care for OVCs instead.

Child development theories postulate that it is childhood experiences and their associated environments that shapes a child and determines the future social functioning of that individual in their adulthood life. The psychodynamic theory views childhood experiences as repressed into the subconscious part of the mind and they can return at a later stage of human development as challenges to social functioning of the individual. The psychosocial theory postulates that social dysfunction and incompetence in adulthood are as a result of unresolved childhood conflicts (Zastrow and Kirst-Ashman, 2013). The study carried out by (Dziro and Rufurwokuda, 2013) indicated that environments imposed by care institutions deprive children of their opportunity to acquire the basic skills of developing the quality of ubuntu/botho/hunhu (humanity) in the African context. However there is limited literature concerning institutionalisation and its relation to pervasive developmental disorders. Therefore it is important to carry out a research on pervasive developmental disorders so as to conceal the factors that continue posing challenges in institutions and strengthen already known solutions and policies to solve the problem.
2.8 PERVERSIVE DEVELOPMENTAL DISORDER (PDD)

Pervasive developmental disorders represent a diagnostic category of severe psychopathology in childhood characterised by fundamental deficits in social interaction skills or communication skills (Diagnostic and Statistical Manual of Mental Disorders-IV; American Psychiatric Association, 2000). Some of the signs of PDD include problems with social interaction, difficulty in accepting or adjusting to change, aggressive behaviour, anxiety and temper tantrums according to (Hill, 2008). Autism as a group of disorder under pervasive developmental disorders is characterised by impairments in social interaction and communication, repetitive behaviours and restricted interests (Lahuis, Durston, Nederveen, Zeegers, Palmen and Engeland, 2007). In social spheres children with this disorder fail to interact appropriately with peers, have social avoidance and detachment behaviours. Many children with autism experience difficulties with behaviour control and aggression.

Asperger’s syndrome is also a developmental disorder under Pervasive Developmental Disorders and is characterised by lack of social skills, difficulty with social relationships, and restricted range of interests. In the book “Unstrange minds” written by the anthropologist Roy Grinker (2008) he points out that autism and other related developmental disorders are perceived differently depending on culture and they are associated with differing levels of stigma and discrimination depending on culture. According to (WHO, 2013) not considering culture, worldwide people with autism and other developmental disorders represents a vulnerable group as they are subject to stigma and discrimination. Because of the stigma and discrimination associated with autism, autism was brought to the attention of member states of the United Nations and the United Nations General Assembly in January 2008 and the General Assembly adopted a resolution designating 2 April each year as world Autism Awareness Day (WHO, 2013). In May 2013, the 133rd WHO Executive Board adopted a resolution entitled Comprehensive and Co-ordinated efforts for the management of Autism Spectrum Disorder which was supported by more than 60 countries in an effort to address the predicaments faced by people with Autism and other related developmental disorders.
People with pervasive developmental disorders represent a vulnerable group, and professionals (social workers and other related professionals) need to work to address the needs of this group of people so that they don’t face stigma and discrimination as they have rights and also want to interact like every other human being. Aronson (2007) in his book “The Social Animal” confirmed that human beings are social in their nature. Because a human being is a “social” animal, social development is thus critical in describing human ability according to (Albrecht, 2006; Gardner, 2006). Developing social competencies and social skills enhance an individual’s ability to succeed in their life. Social skills are thus important for preparing young people to mature and succeed in their adult roles within the family, workplace and their respective communities (Ten Dam and Volman, 2007). Because social skills are important those involved in guiding children and youths should pay special attention to the development of social skills. Though people may learn independently, in most cases learning need to be guided and is modified in interaction with others. Social competence is thus important for humans as social animals and it is the environment that influences an individual’s social development.

2.9 POSSIBLE FACTORS THAT CAN WORSEN PERVASIVE DEVELOPMENTAL DISORDERS (PDD)

Cheslack-Postava and Jordan-Young (2012) suggest that a child’s upbringing is highly gendered, and proposed a gendered embodiment model of autism, which is also a group of disorder under pervasive developmental disorders. According to their gendered theory of autism, the nature of parenting depends on the gender of the child. This then interact with biology to promote certain developmental disorders. Thus according to this theory the parenting style depends on the gender of the child, with parents reinforcing some pro-social behaviours in other children depending on their gender whilst discouraging them when it comes to children of a different gender. For instance girls are always taught to spend most of their time at home and in extreme cases not to spend a lot of time away from home where they can interact with others in social domains and gain some knowledge. This then deprive them of their right to acquire basic social skills important when interacting with others. Children tend to acquire social skills when they interact with others in social domains. These influences in the environment including parenting styles depending on the gender of the child are referred to in psychiatry as maintenance factors that
either stigmatize and label or reinforce some behaviour and attitudes according to (Russell and Pavelka, 2013). Environmental manipulations, including changing parental behaviour, do change the behaviour of children with autism and other related developmental disorders according to (Hixson, Wilson, Doty and Vladescu, 2008).

Parenting styles is a concept first described by Diana Baumrind and later expanded by Maccoby and Martin as quoted in (Armstrong, Ogg, Sundman-Wheat and Walsh, 2014). It refers to the degree to which parents respond to their child’s needs, disciplinary strategies they use, parental expectations for maturity and control, and the effects that this has on their child’s development. There are four types of parenting styles which include authoritarian or “too hard” parenting style described as highly demanding but not responsive parenting. Children are expected to follow strict rules, and not following rules will result in punishment. These parents value obedience, tradition and order and expect children to obey without questioning. This type of parenting style may lead to children who are obedient and proficient, but less happy and no self confidence that they tend to isolate themselves in social domains. Abusive parents also fall in this category. There is also “Permissive” or “too soft” parenting style. Parents who are permissive place few demands on the child, allows the child to regulate his or her own behaviour, and remain nurturing and communicative. Another type is “authoritative” or “just right” parenting style and also “uninvolved” parenting style. The uninvolved parents seem to be detached from their child’s life and in extreme cases may neglect or reject their children. Some parenting styles can promote behaviour problems. As such, it is important to have parenting styles capable of promoting confidence, social competence and pro-social behaviours in institutions.

John Bowlby and Mary Ainsworth in (Armstrong et al, 2014) stresses the importance of the relationships that develop between the mother or the caregiver and their children and how these have a detrimental impact upon children’s development resulting in behaviour problems. Thus human relationships and experiences especially those of children with their caregivers lay the foundation for later development and learning. Some relationships and experiences can influence pervasive developmental disorders in children. This is the case because according to Bowlby and Ainsworth the quality of care giving either assist or impedes a child’s ability to regulate inner
emotional states and affects how children enjoys social interactions and behave when they interact with others in social domains. Serious attachment disturbances are evident in settings such as institutions according to (Smyke, Dumitrescu and Zeanah, 2002) in (Armstrong et al, 2014). Ainsworth (1978) in (Huit and Dawson, 2011) differentiate four distinct categories of attachments which are the securely attached, avoidant-insecurely attached, anxious-ambivalently attached and those whose attachment can be categorised as disorganised-disoriented. Securely attached children tend to have better social skills and be more socially confident according to (Sroufe, Egeland, Carlson and Collins, 2005) in (Huit and Dawson, 2011). According to Ainsworth the anxious-ambivalent attached children are especially at-risk for later behavioural problems including aggressive conduct. Thus according to John Bowlby and Mary Ainsworth’s views the environment that a child is living in and the types of attachment a child develops as they interact with their caregivers everyday can influence developmental disorders.

According to (Lovaas and Smith, 1989) in (Hixson, Wilson, Doty and Vladescu, 2008) autistic behaviours can be accounted for by the laws of learning, which provides the basis for treatment. The behaviour characteristic of autism which is a group of pervasive developmental disorders is subject to learning principles in the same way as other behaviours in children. They believed that children with autism can learn like other children. According to them autism can be caused by a mismatch between the child’s nervous system and the environment in which they live which then make children to learn or maintain some behaviours that are a characteristic of pervasive developmental disorders. This mismatch can be solved by manipulating the environment rather than only identifying and eliminating the diseased nervous system. Lovaas and Smith’s theory of the mismatch between the child’s nervous system supports that there is the interaction of biology and the environment (nature-nurture). Instead of identifying the cause as genetic this theory takes into consideration the interaction between biology and other factors, including the social environment.

Harry Stack-Sullivan quoted in (Raghuveer, 2011) saw anxiety, which is one of the behaviour characteristics of pervasive developmental disorders, as existing only as a result of social interactions. Harry Stack-Sullivan described techniques, much like defence mechanisms, which
provide tools for people in order to reduce social anxiety in social interactions. “Selective inattention” is one such mechanism according to Sullivan. Selective inattention is learned as a child begins to ignore or avoid the anxiety or any interaction that could produce uncomfortable feelings. Also like selective inattention, aggression can be a defensive mechanism that children can use to avoid anxiety or any interaction that could promote uncomfortable feelings. The defence mechanisms are used to focus minds away from stressful situations. Thus some behaviour characteristics evidenced in children with pervasive developmental disorders are mechanisms to avoid social interactions that could produce uncomfortable feelings and these behaviours are learned. Throughout childhood, the mother or a caregiver has to play the most significant role in helping children develop social skills so that they will be able to deal with social anxiety. In institutional care centres caregivers have an important role to play.

2.10 THEORATICAL FRAMEWORK

Understanding psychological disorders or even a human physical characteristic of behaviour is difficult because of the long sequence of interactions involved in human development. Hence the need to consider different theoretical perspectives when trying to explain the aetiology of a given behaviour or developmental disorder evidenced in humans. A small change in the living conditions of an individual can result in a significant disturbance in behaviour and contribute to developmental disorders. Thus in trying to explain the physical, psychological or behavioural characteristic of a person there is need to consider not only genetic or neurological factors, but should also consider social and environmental factors. The nature-nurture connection in determining the characteristics unique to an individual is important. This is the case because there are also other social and environmental factors that can influence the physical, psychological and behavioural characteristics of a person. It is useful therefore to consider aetiology from different perspectives. In this study the researcher utilised the following theories.

2.10.1 Behavioural theory of Autism

There are many theorists that try to explain Autism and other related pervasive developmental disorders from a behavioural analytic standpoint and they include Fester, Drash and Tudor,
Spradlin and Brady. According to Ferster (1961) as quoted in (Hixson, Wilson, Doty and Vladescu, 2008) factors in a child’s home could initiate schedules of reinforcement resulting in an increase or decrease in the frequency of some behaviours seen in children with autism and other pervasive developmental disorders. According to Ferster (1961) the tendency of parents to reinforce inappropriate behaviours that function to escape from an aversive stimulus, results in a decrease of social control and an increase in temper tantrums, aggression and self destructive behaviours which are characteristics of pervasive developmental disorders. For instance a child who avoids social interaction is reinforced in a continuous basis it then means that the behaviour will be engaged in more frequently because it is being positively reinforced. According to (Spradlin and Brady, 1999) in (Hixson et al, 2008) in some environments there is lack of constancy in stimulus response and reinforcements for a stimulus control to develop. Thus intermittent reinforcement and extinction by the caregivers can best explain the development and maintenance of core characteristics of autism and other pervasive developmental disorders. Problem behaviours are often maintained by social consequences of reinforcements present in a child’s home (Ahearn, Clark, MacDonald and Chung 2007). Also according to (Drash and Tudor, 2004) in (Hixson et al, 2008) caregivers may inadvertently shape disruptive and avoidance behaviours by their parenting styles. According to (Ferster, 1961) reinforcements in the at home influence autism and other pervasive developmental disorders. Thus according to the behavioural theory of autism in institutional residential care centres reinforcements and extinction by care givers can influence or worsen autism and other related developmental disorders.

2.10.2 Interactionist approach

Instead of identifying causes of a certain condition as either genetic, biology or environmentally based, interactionists takes into consideration that there is an interaction of factors to influence a certain condition according to (Moore, 2001) in (Hixson et al, 2008). For instance genetic or biological factors can interact with the environment to result in some conditions. Lovaas and Smith in (Hixson et al, 2008) try to explain autism from an interactionist perspective. According to them developmental disorders like Autism are as a result of a mismatch between the child’s nervous system and the environment. Thus if the nervous system interact with the environment
can worsen developmental disorders like Autism and its behaviour characteristics. From a social perspective this mismatch can then be solved by manipulating the environment, in which children live, rather than simply identifying and eliminating the diseased nervous system by recommending a dosage of medicines that a neurological perspective seek to do.

2.10.3 Ecological theory

Ecological systems theory proposed by Urie Bronfenbrenner (1979) quoted in (Armstrong et al, 2014) help explain how children develop within the context of their world. The concept of risk and protective factors emerges out of the ecological systems theory with those factors which are thought to contribute to behavioural disorders and poor developmental outcomes being defined as risk factors. Environmental risk factors are those which are external to the child and include factors such as inconsistent care giving, poverty, abuse and neglect. External protective factors include warm and predictable care giving relationships, safe experiences and environments, and firm and consistent discipline, as well as community support and health service. Thus according to this theory external risk factors contribute to behavioural disorders and poor developmental outcomes in children. Bronfenbrenner provided an expanded view regarding the impact of the environment on human development. His ecological theory stated that people develop within a series of three environmental systems. At the core of his theory are Microsystems, which include the few environments for instance for family where the individual spend a large part of his or her time. It is this micro-system that impacts an individual’s development process. The family environment in which a child grows in can contribute to an increase or decrease in behavioural disorders and poor developmental outcomes. Environmental manipulations, including changing parenting style, do change the behaviour outcomes of children according to (Hixson et al, 2008). Thus in institutions it is the institutional environment as the micro-system in which these children spent most of their time that influence their developmental outcomes.
2.11 GAP THAT NEEDS TO BE FILLED

Sexually abused children under institutional care display behaviour characteristics of pervasive developmental disorders especially the sexually abused children. This present research sought to find out why such developmental disorders are prevalent among children from institutional care centres. Most previous researches suggested a connection of pervasive developmental disorders with the nervous system, though there are a few that took a social stance in trying to explain the aetiology of pervasive developmental disorders. This research therefore adopted a social stance rather than a neurological stance in trying to understand pervasive developmental disorders for institutionalised sexually abused children and try to fill the gap left by previous studies. Thus the study sought to socially understand the problem and suggest solutions to socially treat and ultimately prevent pervasive developmental disorders in the care and support of Orphans and Vulnerable Children.
2.12 CHAPTER SUMMARY

This chapter focused on reviewing existing literature related to institutional care for orphans and vulnerable children and how institutional care affects children’s development. Also covered in this chapter are theories that help explain pervasive developmental disorders for children. Having discussed related literature, the next chapter (chapter 3) explains the methodology used by the researcher in this study.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter explains the research methodology that was used by the researcher for this study. The methodology, research design, population, sample, sampling procedure and technique, data collection procedure and data collection instruments used by the researcher are also explained in this chapter. Justification, advantages and disadvantages of the methodology used are also explained in this chapter. The chapter also explains how the researcher took care of these disadvantages of the methodology. The chapter also explains the ethical considerations that the researcher upheld whilst undertaking the research.

3.2 RESEARCH METHODOLOGY

This consists of methods and procedures for conducting a research project (Alastalo, 2008). In this research the researcher opted for the qualitative research method for collecting data. Qualitative data collection instruments used includes interviews, a focus group discussion and questionnaires.

3.3 QUALITATIVE RESEARCH METHOD

The researcher using the qualitative methodology sought to assess how institutional experience is related to pervasive developmental disorders evidenced in some of institutionalised sexually abused children. The researcher opted for this method because social reality is created and sustained through the subjective experience of people involved and the data collected using qualitative methods depend on the participants’ experience. Qualitative methodology emphasises the importance of looking at variables and the interaction between variables, and in this case the variables were institutional OVCs and caregivers. According to (Chisaka, 2011) qualitative methodology focuses on studying phenomena in their natural setting. In this research the
qualitative methodology was used to explore institutional care in its natural setting and its connection to pervasive developmental disorders. This was important because data collected in this research was based on people’s experience that is the children at the institution, the institution’s executive staff, the caregivers at the institution and the Child Welfare Officers and how they view institutionalisation of children. Also qualitative methodology enabled the researcher to obtain a more realistic feel of the institutional world that cannot be experienced in the numerical data and statistical analysis involved in quantitative research. This method also allows the researcher to interact with the research subjects in their own language and in their own environments, so that she can obtain other non-verbalised information. According to (Hammersley, 2012), the qualitative methodology allows the researcher to clarify the deeper causes behind a given problem and its consequences, which in this case were pervasive developmental disorders. However the method might lack consistency and reliability as the researcher employed different probing techniques and the respondents choose to tell some particular stories and ignore others. According to (Braxter and Jack, 2008) qualitative data is subjective because they are people’s perceptions and this subjectivity leads to difficulties in establishing reliability and validity.

3.4 VALIDITY AND RELIABILITY

To counteract subjectivity and ensure reliability and validity the researcher had to choose the correct and non-threatening environment for a focus group discussion and interviews, and also used open ended questions in questionnaires and during interviews. Also clients’ consent was sought first before recording information. According to (Drost, 2011) reliability refers to the issue of whether the evidence and the measures used are consistent. This is important if the findings of the research are going to be applied to other situations and not only to the original environment in which the research was carried out. Reliability indicates the extent to which the measure is without bias (error free) and hence offers consistence (Drost, 2011). Reliability indicates the stability and consistency with which the instrument to be used measure the concept under study. The researcher attempted within possible limits to ensure validity and reliability of the study.
3.5 RESEARCH DESIGN

For the purpose of this study the researcher used a case study design. According to (Baxter and Jack, 2008) a case study helps in viewing the “social reality” on the social behaviours. Thus in this case a case study design helped to bring about the social reality of institutional care centres and its relation to pervasive developmental disorders. Case studies probe in depth into an individual situation or personality with the intent of diagnosing a particular condition and recommending corrective measures. Thus in this case a case study was used to probe institutionalisation and its relation to pervasive developmental disorders so as to recommend corrective measures.

3.6 RESEARCH POPULATION

A research population is a group of people upon which the researcher is interested in studying (Yount, 2006). The study results are generalised on this group of people (the population). Relating to this the researcher’s targeted population included Vana Childcare executive staff officials, caregivers, as well as children at the institution. District Child Welfare Officers were not left out as they are non-executive officials responsible for the institutional affairs. All the aforementioned people were part of the population from which samples were taken presenting the link between institutional care and pervasive developmental disorders. The study population was 52, comprising of 24 OVCs, 3 executive staffs, 23 caregivers and 2 district Child Welfare Officers from which the elements of this study sample was drawn.

3.7 SAMPLING

Yount (2006) defines a sample as a representative or an element of the whole population. It is a representative proportion of a whole population. Gay in (Yount, 2006) asserts that anything from 10% to 20% of the population in question is representative enough to warrant generalisation of results. The sampling techniques namely purposive and stratified random samplings employed by the researcher are described below.
3.7.1 Purposive sampling method

Purposive sampling technique is a method used for identifying cases of certain characteristics in order to maximise variation (Palys, 2008). This method is the most common in academic research because of the need to reach many respondents in a short space of time and should be employed as part of non-probability sampling in which the researcher will deliberately choose relevant participants considering that the selected people have related characteristics relevant and significant to the study. According to (Teddlie and Yu, 2007) the use of purposive sampling acts as a representative compartment of the whole population, created to provide a precise and required data that the researcher will be looking for. In such a situation the research will not concerned on generalising issues using large population but there will be the elimination of some sources of bias from a hefty population. Purposive sampling was used in this research for executive staff and Child Welfare Officers because it is cheap, it saves time in selecting respondents and data collection was done at the convenience of the researcher.

3.7.2 Stratified random sampling

The researcher used stratified random sampling to select orphans and vulnerable children above the age of 15 at the institution. Stratified sampling permitted the researcher to identify sub-groups within the OVC population, on the basis of gender, and create a sample which mirrors these subgroups by randomly choosing research participants from each stratum or sub-group. Sub-groups in the sample can either be of equal size or proportional (Yount, 2006). Equal size sample subgroups are formed by randomly selecting the same number of subjects from each population subgroup (strata). Proportional subgroups are formed by selecting subjects so that the sub-group percentages in the population are reflected in the sample. In this research the researcher used proportionally stratified sample of OVCs with eight (8) females and seven (7) males above the age of 15. The researcher used this because girls were more than boys at the institution.
3.8 SOURCES OF DATA

There are basically two sources of data that are secondary and primary data (Saunders, 2007). The researcher in this study used primary data only. Secondary data are sources that have already been collected for other purposes but have relevant input to the research (Saunders, 2007). Primary data are original sources of data from respondents. According to (Saunders, 2007) primary data is data collected from original sources and not already published sources such as directories or databases.

3.9 DATA COLLECTION PROCEDURE

The study was divided into phases according to different participants and data collection instruments used by the researcher. In phase 1 questionnaires were used, in phase 2 interviews were used and lastly in phase 3 a focus group discussion was conducted.

3.10 DATA COLLECTION INSTRUMENTS

In this study the researcher utilised questionnaires, semi-structured interviews and a focus group discussion as data collection instruments.

3.10.1 Questionnaires

Kumar (2011) defines a questionnaire as a set of pre-set questions (both open-ended and close-ended) written on paper used by the researcher to collect information from participants. The questionnaires were used with Child Welfare Officers, caregivers, some OVCs and the executive staffs in this research and the questionnaires were self-administered questionnaires in which a drop and pick technique was adopted to ensure higher response rate. The questionnaires comprised of both close and open ended questions. Self-administered questionnaires are easy to design, can be reproduced to be used over a large number of respondents and avoid the use of middleman who may distort information.
3.10.2 Interviews

As (Doucet and Mauthner, 2008) explains this is a type of discussion that should be initiated by the interviewer designed for the purpose of acquiring research pertinent information. This is a direct encounter between the researcher as well as the respondents who will give opinions and their life experiences. Interviews were also used as a data collection technique. In-depth semi-structured interviews were used by the researcher to gather information concerning institutionalisation and its relation to pervasive developmental disorders. The interviews gave the researcher the opportunity to obtain information that cannot be obtained using questionnaires. Interviews allowed the researcher to also probe answers and clarify vague statements from the participants to obtain more information related to the problem under study. Interviewing is a flexible technique that allows the researcher to explore greater depth of meaning that cannot be obtained with other techniques. For privacy participants were interviewed individually and in rooms that ensured privacy. The interviews lasted for 30 minutes.

3.10.3 Focus group discussion

According to (Kumar, 2008) a focus group discussion is undertaken with a group of people whilst an interview is conducted with an individual. Thus in this case the researcher used a focus group discussion with OVCs at the institution. Focus group discussions encourage participation by those who are shy or reluctant to be interviewed on their own since they can participate in the multitude according to (Chisaka, 2011). The groups consisted of OVCs selected to discuss institutional care and its relation to pervasive developmental disorders. During the discussion participants were allowed to use the language they were comfortable with. As views were being expressed, the researcher sought clarification and jot down some notes. The researcher at first established and sustained a rapport with the group and explained important things like the purpose of the discussion and other things that the participants needed to be informed about before the discussion commenced. This discussion with OVCs was also therapeutic as it helped these children to express any suppressed emotions after being given an opportunity to talk about their experiences in institutions. The discussion lasted for an hour.
3.11 DATA PRESENTATION AND ANALYSIS PROCEDURE

The data that had been obtained using Shona language was then translated to English. The responses that were given in form of YES or NO answers were grouped in order to obtain the total numbers on each of the answers. The researcher also made use of tables, graphs and charts to properly and easily present some of the data. The researcher made use of a deductive data analysis approach to analyze the data from participants. This is the case because data collected cannot be statistically analysed and need deducting. Deductive analysis helped the researcher in making qualitative analysis where figures were not relevant to use since the research contained qualitative information obtained from interviews, questionnaires and a focus group discussion. The technique allowed the researcher to analyse the data based on qualitative responses given by respondents. Data collected was analysed according to the study objectives.

3.12 ETHICAL CONSIDERATIONS

One of the most important aspects of research is to protect participants from harm (physical or emotional). To do so a variety of ethical issues need to be considered. The ethical issues for protecting research participants in this research project included voluntary participation, informed consent, confidentiality, privacy and anonymity. The participants may sometimes misinterpret the researcher’s intentions as that of trouble making especially if their right to confidentiality is being threatened according to (Wiles, Crow, Heath and Charles, 2006). The participants will then be afraid to disclose information. In this study, the subjects were assured of both confidentiality and anonymity. The questionnaires used by the researcher were constructed in a way that information is not traceable to a particular individual, hence ensuring anonymity. And the interviews were conducted in environments that do not threaten confidentiality and privacy. Also participants’ informed consent was sought before recording data. The researcher also sought for the permission to carry out the research at first by writing to the administration of the institution before embarking on the study.
3.13 CHAPTER SUMMARY

This chapter explained the methodology used by the researcher to conduct the study. The researcher choose the qualitative research methodology and a case study research design was used. The study’s sampling procedure was also explained. The data collection procedure and research instruments used by the researcher in this study were also explained in this chapter. Ethical considerations were also explained in this chapter. The research findings are to be presented in the following chapter (chapter 4).
CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 INTRODUCTION

This chapter is going to focus on data presentation and analysis of the findings of this study which was done at Vana Childcare Children’s home in Chikomba district. The major focus of this chapter is to interpret the responses given by the respondents relating to the topic.

The study sought to answer the following research questions:

- Can institutional experience negatively impact children’s development to the extent that it worsens pervasive developmental disorders?
- What is in residential care institutions that worsen pervasive developmental disorders for sexually abused children?
- How can institutionalisation be improved as a means of guaranteeing child protection and survival?
- What are the challenges being faced by institutions in trying to promote positive social and personality development for sexually abused children?

The findings of this study were drawn from interviews conducted with two executive staffs, a focus group discussion conducted with ten OVCs from the institution and questionnaires administered to fifteen participants.
4.2 Response rate on Questionnaires

Table: 1

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Targeted number of participants</th>
<th>Actual number of people who participated</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVCs at the institution</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Caregivers</td>
<td>8</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Executive staff</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>13</td>
<td>86.7%</td>
</tr>
</tbody>
</table>

4.2.1 Analysis

The questionnaires targeted 15 participants, but participants who respond to the questionnaires were 13 out of 15 questionnaires administered. This is a (86.7%) response rate of the 15 participants targeted by the questionnaires. Of the 15 participants, 5 (33.3%) were supposed to be Orphans and Vulnerable Children above the age of 15, 8 (53.3%) to be caregivers and 2 (13.3%) to be executive staffs. Five out of five targeted OVCs (100%), 6 out of 8 targeted caregivers (75%) and 2 out of 2 executive staffs (100%) managed to answer the questionnaires. Two caregivers who failed to respond represent a (13.3%) of the 15 participants targeted by the questionnaires.
4.3 Gender distribution on questionnaire respondents

Figure: 3

4.3.1 Analysis

Of the 5 children above the age of 15 that answered the questionnaires 3 (60%) were males and 2 (40%) were females. The children were chosen using stratified random sampling. One of the 2 executive staffs was a male and the other was a female. The executive staffs were chosen using purposive sampling. To select caregivers purposive sampling technique was used. All the caregivers were females. Of all the 13 participants that managed to answer the questionnaires 9 (69.2%) were females and 4 (30.8%) were males.
4.4 Response rate for Interviews with key informants

A total of 2 interviews were arranged and were successfully undertaken. The interviewees were the administrator from the institution and a Child Welfare Officer responsible for the everyday running of the institution. This represented a 100% response rate of the targeted respondents.

4.5 Focus group discussion

Figure: 4

4.5.1 Analysis

A focus group discussion was arranged and was successfully conducted with 10 OVCs above the age of 15. The discussion lasted for an hour. The sample for the discussion consisted of 6 (60%) girls and 4 (40%) boys who were selected using stratified random sampling. During the discussion participants had to use the language they were comfortable with and the researcher later translated the responses from the respondents to English. At first the researcher recorded the
responses in the language that the respondents used then later after the discussion translated the responses.

4.6 TOTAL RESEARCH PARTICIPANTS

Figure: 5

4.6.1 Analysis

Out of the sample size of 27 participants, the study had a 92.6% response rate as 25 out of 27 participants managed to respond. There was a 7.4% non-response rate because 2 out of 27 participants failed to answer the questionnaires. The study attributed the non-response rate on questionnaires to tight work schedule on the part of the caregivers as the study was carried out during the week and also during day time when people will be occupied with a lot of work. Of
the 25 respondents 13 (52%) responded on questionnaires, 2 (8%) were interviewed and 10 (40%) were from a focus group discussion.

4.7 DEMOGRAPHIC PROFILE OF RESPONDENTS

4.7.1 Age profile of respondents

Table: 2

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 20</td>
<td>15</td>
<td>60%</td>
</tr>
<tr>
<td>21 – 25</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>26 – 30</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>31 – 35</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>36 – 40</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>41 – 45</td>
<td>3</td>
<td>12%</td>
</tr>
<tr>
<td>46 and above</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

4.7.1.1 Analysis

15 (60%) of the respondents were in the age range of 15-20 years. These were orphans and vulnerable children at the institution. One participant who represents (4%) was between 26 and 30 years. Two participants (8%) were in the age range of 36-40. Three participants (12%) were in the age range of 41-45. The remaining 4 (16%) participants were above the age of 45.
4.7.2 Educational profile of respondents

Table: 3

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary level</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Ordinary level</td>
<td>18</td>
<td>72%</td>
</tr>
<tr>
<td>Advanced level</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Tertiary level</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

4.7.2.1 Analysis

On level of education 2 (8%) participants were in primary level. These were 2 OVCs that were at primary level. The OVCs selected were above the age of 15 and those that are 15 years are normally in Form 3. The reason why the other 2 OVCs were still in primary was because one of them delayed to go to school and the other one dropped out of school at an early stage due to lack of funding. Eighteen (72%) participants had reached ordinary level and the others were still at ordinary level of education. All the 6 caregivers and 12 OVCs were the ones at this level of education. One (4%) OVC was at an advanced level. The remaining 4 participants (16%) had reached tertiary level.
4.7.3 Gender distribution of all research respondents

Figure: 6

![Gender distribution for all respondents](image)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>64%</td>
</tr>
<tr>
<td>Females</td>
<td>36%</td>
</tr>
</tbody>
</table>

Total - 25

4.7.3.1 Analysis

Of all the 25 research participants 9 (36%) were males and 16 (64%) were females. The study shows that there were more female participants than male participants. This is the case because women are the ones who always provide care as “mothers” or “aunties” to orphans and vulnerable children than males. The results also review that there were more female OVCs than males. This then reveal that a girl child is more exposed to vulnerable life situations than boys.

4.8 Signs or behaviour characteristics of pervasive developmental disorders seen in institutionalised sexually abused children.

From the participants’ responses it shows that institutionalised sexually abused children display some signs or behaviour characteristics of pervasive developmental disorders. Signs or behaviour characteristics of pervasive developmental disorders that respondents agreed as being displayed
by sexually abused children include aggressiveness; temper tantrums, being withdrawn or having problems with social interaction, insecurity and problems with accepting or adjusting to change.

**Figure: 7**

**Behaviour characteristics of pervasive developmental disorders evidenced in institutionalised sexually abused children**

<table>
<thead>
<tr>
<th>Behaviour Characteristics</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temper tantrums</td>
<td>25</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>18</td>
</tr>
<tr>
<td>Withdrawn/problems with social interaction</td>
<td>21</td>
</tr>
<tr>
<td>Anxiety</td>
<td>25</td>
</tr>
<tr>
<td>Difficulty in accepting or adjusting to change</td>
<td>3</td>
</tr>
</tbody>
</table>

Total - 25

**4.8.1 Analysis**

On the signs of pervasive developmental disorders seen in institutionalised sexually abused children 18 (72%) participants said that institutionalised sexually abused children have temper tantrums. On aggressiveness 21 (84%) agreed that sexually abused children are aggressive towards others. On anxiety and problems with social interaction (withdrawn) all the 25 (100%) participants agreed that sexually abused children display these two behaviour characteristics. When it comes to difficulties in accepting or adjusting to change only 3 (12%) agreed that institutionalised sexually abused children display this type of behaviour. From participants responses it shows that institutionalised sexually abused children mostly display behaviours like anxiety, problems with social interaction, aggressiveness and temper tantrums. Few are cases were these children have a difficulty in accepting or adjusting to change.
4.9 How institutional care can worsen pervasive developmental disorders

From the study it was evidenced that six institutionalised sexually abused children display behaviour characteristics of pervasive developmental disorders mentioned above like problems with social interaction and aggressiveness among others. The question was how institutional care worsens pervasive developmental disorders. The following were the responses by different participants:

*Response by 5 participants from a focus group discussion and 3 from questionnaires:*

“.....sometimes caregivers support certain behaviours displayed by some children through reinforcement or appraisal even if the behaviour is anti-social or negative.........”

According to the above responses as caregivers reinforce behaviour characteristics of pervasive developmental disorders this then increase the frequency of such behaviours, thus exacerbating pervasive developmental disorders. It then means that the behaviours will be engaged in more frequently because they are being reinforced by caregivers. These intermittent reinforcement and extinction by the caregivers help explain the maintenance of core characteristics of autism and other pervasive developmental disorders for institutionalised sexually abused children. Thus problem behaviours related to autism and pervasive developmental disorders are often maintained by social consequences like reinforcements and appraisals present in a child’s home (Ahearn, Clark, MacDonald and Chung, 2007). This is in line with the view of Ferster (1961) quoted in (Hixson, Wilson, Doty and Vlădescu, 2008) who argued that reinforcements can increase or decrease the frequency of some behaviours seen in children with autism and other pervasive developmental disorders, thus influencing pervasive developmental disorders.

*Response by a participant from an interview session:*

“.....when we place orphans and vulnerable children under institutional care our aim will be to provide a safe, secure and supportive environment to children who have gone through traumatising situations so that these children can develop well.” “...It is sad to mention that in some situations placing children under institutional care can instead worsen or maintain some disorders, that’s why it is urged that there should be quick reunification of the child as soon as
relatives are traced and assessments are done...” “...In some case children will fail to develop an attachment with their caregivers (mother/ auntie), this then affects the children and in most cases this usually results in children displaying aggressiveness, being insecure, having difficulties with accepting reality or adjusting to change and having problems with social interactions as they feel like they are not loved or worthy of being loved...”

Response by other 3 participants from a focus group discussion:

“...in some cases these caregivers scold sexually abused children with regards to their status of being abused. Children because they experience this they become withdrawn and have difficulties in adjusting to change or accepting reality. This is the case because the children feel unloved and is consistently being reminded of the traumatising experiences they had and this tend to affect them ...”

Response by another participant from an interview session:

“...sexually abused children require a lot of care, love and support because of the experiences they have gone through. But in some cases these children fail to get this love, care and support from caregivers whom they spend most of their time with. This can worsen or maintain some behaviour like insecurity or having problems with social interaction as they feel unloved....”

Another response by 2 participants from a focus group discussion:

“...Caregivers are not that loving, they let children be aggressive and fight each other...”, “...sometimes instead of caregivers stopping the children from doing such bad behaviours as being aggressive and fighting each other they intervene later, that’s not good at all...”

From the above responses by participants relationships between institutionalised children and their caregivers show lack of attachment, care and love. The quality of such relationships between caregivers and institutionalised sexually abused children that lack attachment and love can maintain the behaviour characteristics of pervasive developmental disorders like difficulties
in accepting reality or adjusting to change or problem with social interaction, thus worsening pervasive developmental disorders. This is in line with the view of John Bowlby and Mary Ainsworth who argued that the quality of care giving and the relationship between the caregiver and the child either assist or impedes a child’s ability to regulate inner emotional states and affects how children enjoys social interaction and behave when they interact with others in social domains.

4.10 Parenting roles and parenting styles by caregivers and its relation to pervasive developmental disorders.

In performing their roles as caregivers they use different styles. The question is, can parenting roles and styles influence pervasive developmental disorders and how. These were the responses by participants interviewed:

Response by one participant from an interview session:

“...Yes parenting roles and styles can influence pervasive developmental disorders...” “.. if in any case caregivers as parental figures fail to play their roles as parents like providing parental love and responding to the needs of children and if they consistently scold the children with regards to their status of being abused this can perpetuate behaviours like insecurity, anxiety, temper tantrums, being withdrawn or having problems with social interaction and in some cases aggression which are behaviour characteristic of pervasive developmental disorders.”

Another response by one participant from an interview session:

“...Yes parenting roles and styles can worsen pervasive developmental disorders if in any case caregivers by their parenting styles fail to regulate the negative behaviour characteristics of children with pervasive developmental disorders....”

From the above response parenting roles and styles by caregivers can worsen pervasive developmental disorders. This is in line with the view of Diana Baumrind in (Armstrong et al, 2014) who argued that the degree to which parents respond to their child’s needs, disciplinary
strategies they use, parenting expectations for maturity and control used by parents “parenting style” affects children in many ways. Some parenting styles can lead to children who do not have self confidence that they tend to isolate themselves in social domains or in some cases be withdrawn or have problems with social interaction. Thus parenting styles can influence behaviour characteristics of pervasive developmental disorders hence worsening pervasive developmental disorders.

4.11 How institutional care can be improved to deal with the problem of pervasive developmental disorders.

When asked on how institutional care can be improved to deal with the problem of pervasive developmental disorders respondents raised different views. These were the responses from different participants:

Response by one participant from an interview session:

“...we can talk and counsel the children if they display negative behaviours like temper tantrums, fighting or aggressiveness...” “...caregivers and the administrator should talk to (counsel) orphans and vulnerable children within the institution and teach them on how to choose positive behaviour from bad and negative behaviour...” “....it is obvious that these children with pervasive developmental disorders require special services, there is need therefore to also offer other special services required by these children with pervasive developmental disorders or ensure that these children with pervasive developmental disorders access other special services that they require to enable them to deal with the disorders....”

Response by 9 participants, 6 from questionnaires and 3 from a focus group discussion:

“....there should be regular in-service training for caregivers so that they acquire skills that enable them to deal with children who have pervasive developmental disorders...”
Response by 8 participants 5 from questionnaires, 1 participant from an interview session and 2 from a focus group discussion:

“...regular counselling should be provided to these children with pervasive developmental disorders...” “... There should be a counsellor(s) at the institution or who frequently visit the institution to provide counselling services to these children with pervasive developmental disorders...””...counselling should also be provided to the caregivers who spent most of the time with these children with pervasive developmental disorders....”

From the responses given above by different respondent it shows that there is need for regular counselling of these children with pervasive developmental disorders. Also there is need for regular in-service training of caregivers so that they acquire skills that enable them to deal with children with pervasive developmental disorders so that institutionalisation will not worsen pervasive developmental disorders in sexually abused children. There is also need to ensure that these children with pervasive developmental disorders are provided with or have access to various services depending on their special needs so that they will be able to deal with the disorders.

4.12 DISCUSSION OF THE FINDINGS

Lack of attachment between caregivers and children in institutional care centres might have negative impact in the way the orphans will learn other survival skills like social skills and can influence pervasive developmental disorders. Also reinforcements of bad behaviours by caregivers have detrimental effects on children. Parental roles and styles by caregivers as parental figures can negatively affect children and maintain some disorders. The result of which is failure by these children to cope in the community and interact appropriately in social domains because they lack social and other skills to regulate their behaviours in social domains when they interact with others. The children will display anti-social behaviours, this suggests a need for in-service training for caregivers so that they can acquire appropriate knowledge and skills relating to child upbringing and dealing with children with pervasive developmental disorders.
4.13 CHAPTER SUMMARY

This chapter dealt with data presentation, analysis and interpretation. The data presentation, analysis and interpretation were based on the results collected by the researcher in the field. The following chapter focuses on the summary of major findings, conclusions drawn from those findings and recommendations.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter is the final chapter of the thesis and it covers the research summary, conclusions drawn from the findings of the study and recommendations.

5.2 SUMMARY OF THE RESEARCH FINDINGS

On the behaviour characteristics of pervasive developmental disorders seen in institutionalised sexually abused children all the 25 respondents agreed that sexually abused children are withdrawn or have a problem with social interaction and that they are insecure. 21 participants agreed that sexually abused children display aggressive behaviour, 18 pointed out that sexually abused children have temper tantrums. Only 3 participants agreed that sexually abused children have difficulties accepting or adjusting to change. From their responses it shows that institutionalised sexually abused children mainly show behaviour characteristics of pervasive developmental disorders like having problems with social interaction or are withdrawn, being insecure, aggressiveness and temper tantrums.

The purpose of placing children under institutional care is to help children develop both socially, physically and emotionally and also to change the negative behaviour characteristics of children. However the respondents point out that institutional care in some cases does not fully achieve this due to various challenges, thus contributing to the maintenance of developmental disorders for instance pervasive developmental disorders. On how institutionalisation worsen or maintain the behaviour characteristics of pervasive developmental disorders and in turn worsen pervasive developmental disorders participants raised different views. On the maintaining factors reinforcements and appraisals, lack of attachment between caregivers, and lack of caring and loving relationships between caregivers and children and constant scolding of children with regards to their status of being abused that keeps reminding them of the traumatising experiences.
they had were thought to be maintaining behaviour characteristics of pervasive developmental disorders, thus worsening pervasive developmental disorders. With schedules of reinforcement children tend to frequently engage in those behaviours like being withdrawn or avoiding social interactions. Also parenting styles by caregivers were thought to be another factor that can worsen pervasive developmental disorders.

Because institutional care is an alternative for the care of orphans and other vulnerable children it is important that services in institutions be improved to cater for the special needs of various groups of children accommodated in institutions for instance children with pervasive developmental disorders. This is the case because children with pervasive developmental disorders have special needs that they require to enable them deal with the disorders. On how institutionalisation can be improved to cater for the needs of sexually abused children with pervasive developmental disorders respondents offered various views. From the participants responses there is need for regular counselling to be conducted with these children with pervasive developmental disorders and also their caregivers. Also there is need for in-service training of caregivers so that they acquire the best skills on how to deal with children with pervasive developmental disorders as they are a group that require special services for them to be able to deal with the disorders. There is also need to ensure that in institutions there are varied services provided for these children with pervasive developmental disorders or that these children are able to access other services that they may want that are not there at the institutional setting.

5.3 IMPLICATIONS OF THE STUDY

There is a gap in terms of in-service training of the caregivers on issues relating to children with pervasive developmental disorders so that they can acquire the best skills to effectively discharge their parental roles to institutionalised sexually abused children with pervasive developmental disorders. These children’s development is therefore negatively impacted and this can worsen pervasive developmental disorders. For institutionalisation to be effective and be able to deal with cases of children with pervasive developmental disorders there is need to address this gap.
5.4 CONCLUSIONS OF THE STUDY

This research main focus was to explore the link between institutional care and pervasive developmental disorders evidenced in institutionalised sexually abused children. Because the traditional systems for the care of orphans and vulnerable children are being weakened institutionalisation is an alternative for the care of orphans and vulnerable children. Though institutionalisation is considered an alternative for the care of orphans and vulnerable children institutional care sometimes has detrimental effects on children’s development. Institutional experiences sometimes maintain behaviour problems and disorders seen in institutionalised sexually abused children for instance pervasive developmental disorders. These pervasive developmental disorders make the children vulnerable. This study therefore sought to explore institutional care and pervasive developmental disorders seen in institutionalised sexually abused children.

From the research findings respondents raised various factors that they perceived as exacerbating pervasive developmental disorders for institutionalised sexually abused children. From the responses reinforcement and appraisals, lack of attachment between caregivers and children, lack of loving and caring relationships and consistent scolding of the children by the caregivers were thought to be worsening the problem. This is the case because sometimes caregivers lack the skills to effectively discharge their duties as parental figures to these children with pervasive developmental disorders. Caregivers are the ones that spend a lot of time with children and they need to possess the skills to deal with different children for instance others with pervasive developmental disorders. But institutional caregivers instead seem to be lacking those special skills to deal with children with pervasive developmental disorders.

To deal with this problem there is need to constantly offer counselling services to both children with pervasive developmental disorders and caregivers. This is the case because providing care to these children can be stressful and the caregivers need to be counselled to help them cope with the stress associated with their role. Sometimes caregivers scold children because of the stress they experience in their job as caregivers, hence the need to constantly conduct counselling session with these caregivers.
5.5 RECOMMENDATIONS

There is need for regular training of caregivers to strengthen their skills so that they can be able to perform their roles as parental figures when dealing with children with Pervasive Developmental Disorders. Caregivers are the ones that spend a lot of time with children, hence the need for regular in-service training so that they acquire the best knowledge and skills on how to deal with children with developmental disorders like Pervasive Developmental Disorders.

There is need to also ensure that at residential care institutions for orphans and vulnerable children there are social workers and other related professionals to offer counselling and other special services those children with Pervasive Developmental Disorders require. This is the case because children with Pervasive Developmental Disorders are a special population that require special services. And ensuring that these special services are available at residential care institutions or are easily accessible will help children with Pervasive Developmental Disorders to deal with the disorders.

From the study findings it is recommended that the policy makers and the Ministry responsible for the welfare of children review policies in relation to how caregivers are recruited to provide services to orphans and vulnerable children under institutional care and also review or formulate policies on care givers in-service training. Policy makers should also formulate policies that guide the provision of care to children with pervasive developmental disorders in residential care centres. It is important because policies are instruments that act as guidelines on how caregivers are recruited, get in-service training and discharge their duties and also on how to care for children with pervasive developmental disorders.

There is need for further research on institutional care and its relation to Pervasive Developmental Disorders. This is important so that concealed factors can be known and a theory can be generated that will guide institutional care for orphans and vulnerable children with pervasive developmental disorders.
5.6 CHAPTER SUMMARY
This chapter was on the summary of the findings, conclusion and recommendations on how institutional care can be improved so that it can best cater for the needs of children with pervasive developmental disorders.
REFERENCES


APPENDICES

Appendix A: Approval letter

FACULTY OF SOCIAL SCIENCES & HUMANITIES
P. Bag 1020
BINDURA, Zimbabwe
Tel: 263-71-7531-6, 7621-4
Fax: 263-71-7534
Social Work Department:
onyon@buse.ac.zw
Cell 0772 973 898

BINDURA UNIVERSITY OF SCIENCE EDUCATION

TO WHOM IT MAY CONCERN

RE : REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR AREA

This serves to introduce the bearer, Marine Miller, who is an HBSc SOCIAL WORK student in the Department of SOCIAL WORK, Bindura University of Science Education and is carrying out a research project in your area.

Your usual co-operation and assistance is therefore being sought.

Thank you for the continued support.

Yours faithfully

DR. C. NYONI
CHAIRPERSON – SOCIAL WORK

APPROVED/NOT-APPROVED

Child Welfare Officer

DATE 12/02/17

DIRECTOR
RESEARCH PROJECT

TO WHOM IT MAY CONCERN

RE : REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR AREA

This serves to introduce the bearer, [NAME], who is an HBSc SOCIAL WORK student in the Department of SOCIAL WORK, Bindura University of Science Education and is carrying out a research project in your area.

Your usual co-operation and assistance is therefore being sought.

Thank you for the continued support.

Yours faithfully

[signature]

DR. C. NYONI
CHAIRPERSON – SOCIAL WORK

APPROVED/NOT APPROVED

[Signature]

DIRECTOR

VANA CHILDCARE MINISTRIEL
CHIVHU TOWNSHIP
86 Jamison Street, Chivhu, Zimbabwe
(P) 263 58 5407  •  (F) 263 56 2204
(C) 263 812 450 771  •  (Pastor Makoni Gorendema)
Appendix B: Permission seeking letter

96 Jameson Street
Chivhu

16 January 2017

The Director
Vana Childcare Ministries
Stand No. 4453 M Section
Chivhu

Dear Sir or Madam

**Re:** Request for permission to carry out an educational related research at Vana Childcare Children’s home.

My name is Moiller Mapiye; I am a student with Bindura University of Science Education. I request to carry out a study at Vana Childcare Children’s home. My research is on institutionalisation and its relation to pervasive developmental disorders. Pervasive developmental disorders being a group of disorders in children evidenced by problems with social interaction, difficulty in accepting or adjusting to change, aggressive behaviour, anxiety and temper tantrums. The study participants will include institutional administrators, caregivers and the OVCs at the institution. Semi-structured interviews, questionnaires and a focus group discussion will be used. Please find attached letter from Bindura University of Science Education. Your consideration will be greatly appreciated. Thank you.

Yours faithfully

MOILLER C. MAPIYE

Cell: 0774789048   Email: moillermapear@gmail.com
Appendix C: Confirmation letter

Ministry of Public Service, Labour and Social Welfare
Department of Child Welfare
P O Box 346
Chivhu

13 February 2017

To whom it may concern

Ref: Confirmation letter for Moiler Mapiye

This letter serves to confirm that Moiler Mapiye has been granted permission to carry out her research work at Vana Childcare.

Thank you

Yours Faithfully

P. RUPUNGU

Child Welfare Officer, Chikomba
Appendix D: Consent Form

Consent to participate in a study on institutional care and its relation to pervasive developmental disorders for children

Dear participant

My name is Moiller Mapiye; I am a student with Bindura University of Science Education. I hereby request your cooperation during the study I will be carrying out on institutional care and its relation to pervasive developmental disorders. Please note that information, comments and recommendations you are going to provide will be kept confidential and anonymity will be ensured. Also be advised that participation is voluntary and that you are allowed to discontinue anytime if you choose to participate.

Yours Faithfully

Moiller Mapiye.

Please confirm your choice to participate by ticking one box:

I agree to participate [ ] I disagree to participate [ ]
Appendix E: Research questionnaires

(a) Research questionnaire for OVCs

**Research topic:** *Institutionalisation as the exacerbator of pervasive developmental disorders for sexually abused children.*

The researcher through this questionnaire wishes to undertake a research in partial fulfilment of the requirements of a Bachelor of Science Honours Degree in Social Work with Bindura University of Science Education. This questionnaire is soliciting for information centred on institutional care and its relation to pervasive developmental disorders. Therefore, the researcher kindly asks you to give **honest and sincere opinions** to questions given in this questionnaire.

- **Pervasive developmental disorders** – represents a diagnostic category of psychopathology in childhood characterised by problems with social interactions and communication, difficulties in accepting or adjusting to change, aggressive behaviour, anxiety and temper tantrums.

**NB.** Please note that your responses will be kept confidential and used for purposes of this research only. To ensure anonymity, you are requested not to write your name on the questionnaire.

- Tick [ ] in the appropriate box.
- Or write answers in the spaces provided__________________________________

**SECTION A**

**DEMOGRAPHIC PROFILE OF RESPONDENTS**

1. Sex

Male ☐                                    Female ☐
2. Age________________________________________

3. Level of education

Primary  Secondary  College

University  None

SECTION B

4. What is your understanding of care giving?
________________________________________________________________________
________________________________________________________________________

5. For how long have you been under institutional care?
________________________________________________________________________

6. In your own view can institutional experience worsen pervasive developmental disorders?

Yes  No

7. If Yes, how does institutionalisation worsen pervasive developmental disorders?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. From the behaviour characteristics mentioned above which behaviour characteristics of pervasive developmental disorders are evidenced in institutionalised sexually abused children?
9. In your own opinion how can institutional care be improved so that it can best cater for the needs of children with pervasive developmental disorders?

{END}
(b) Research questionnaire for staffs

Research topic: Institutionalisation as the exacerbator of pervasive developmental disorders for sexually abused children.

The researcher using this questionnaire wishes to undertake a research in partial fulfilment of the requirements of a Bachelor of Science Honours Degree in Social Work with Bindura University of Science Education. This questionnaire is soliciting for information centred on institutional care and its relation to pervasive developmental disorders. Therefore the researcher kingly asks you to give honest and sincere opinions to questions given in this questionnaire.

- Pervasive developmental disorders – represents a diagnostic category of severe psychopathology in childhood characterised by problems with social interactions, difficulty in accepting or adjusting to change, aggressive behaviour, anxiety, temper tantrums.

NB. Please note that your responses will be kept confidential and used for purposes of this research only. To ensure anonymity, you are requested not to write your name on the questionnaire.

- Tick [ ] in the appropriate box
- Or write brief answers in the spaces provided____________________________

SECTION A

DEMOGRAPHIC PROFILE OF RESPONDENTS

1. Sex

Male [ ] Female [ ]
2. Age____________________________________________________________________

3. Level of education

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>College</th>
<th>University</th>
<th>None</th>
</tr>
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SECTION B

4. What is your understanding of care giving?
________________________________________________________________________
________________________________________________________________________

5. When did you start to provide residential care to orphans and vulnerable children?
________________________________________________________________________

6. Do you train caregivers or do you get trained as caregivers on issues relating to pervasive developmental disorders?
Yes[    ] No[    ]

7. If Yes, how often?
________________________________________________________________________
________________________________________________________________________

8. In your own view can institutional experience worsen pervasive developmental disorders?
Yes[    ] No[    ]
9. If Yes, how does institutionalisation worsen pervasive developmental disorders?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. From the behaviour characteristics mentioned above which behaviour characteristics of pervasive developmental disorders are evidenced in institutionalised sexually abused children?
________________________________________________________________________
________________________________________________________________________

11. In your own opinion how can institutional care be improved so that it can best cater for the needs of children with pervasive developmental disorders?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

{END}
Appendix F: Interview guide for key informants

**Research topic:** institutionalisation as the exacerbator of pervasive developmental disorders for sexually abused children.

- **Pervasive developmental disorders** – represent a diagnostic category of psychopathology in childhood characterised by problems with social interactions, difficulty in accepting or adjusting to change, aggressive behaviour, anxiety, temper tantrums.

NB. Please note that your responses will be kept confidential and used for purposes of this research only. To ensure anonymity no names are going to be written.

1. What is your understanding of care giving?
2. Do you train caregivers on issues relating to pervasive developmental disorders and how often?
3. In your own view can institutional experience worsen pervasive developmental disorders and how?
4. From the behaviour characteristics mentioned above which behaviour characteristics of pervasive developmental disorders are evidenced in institutionalised sexually abused children?
5. Does parenting roles and styles by caregivers negatively affects children’s development and worsen pervasive developmental disorders for sexually abused children and how?
6. In your own opinion ho can institutional care be improved so that it can best cater for the needs of children with pervasive developmental disorders?
Appendix G: Focus group discussion guide

Research topic: Institutionalisation as the exacerbator of pervasive developmental disorders for sexually abused children.

- Pervasive developmental disorder – represents a diagnostic category of psychopathology in childhood characterised by problems with social interactions, difficulty in accepting or adjusting to change, aggressive behaviour, anxiety and temper tantrums.

NB. Please note that your responses will be kept confidential and used for purposes of this research only. To ensure anonymity, no names are going to be written.

1. In your own view can institutional experience worsen pervasive developmental disorders and how?
2. From the behaviour characteristics mentioned above which behaviour characteristics of pervasive developmental disorders are evidenced in institutionalised sexually abused children?
3. How can institutional care be improved so that it can best cater for the needs of children with pervasive developmental disorders?